ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		04-06-01
O.I.P.E. CLASSIFIER	ISD		5/9
FORMALITY REVIEW	RL	JC5/705	05/30/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
—	(Through numeral)... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim (Final/Original)	Date			Claim (Final/Original)	Date	Claim (Final/Original)	Date
	6/27/02	11/03/02	1/11/03				
1	÷	✔	✔	51		101	
2	÷	✔		52		102	
3	÷	✔	✔	53		103	
4	÷	✔	✔	54		104	
5	÷	✔	✔	55		105	
6	÷	✔	✔	56		106	
7	÷	✔	✔	57		107	
8	÷	✔	✔	58		108	
9	÷	✔	✔	59		109	
10	÷	✔		60		110	
11	÷	✔	✔	61		111	
12	÷	✔	✔	62		112	
13	÷	✔		63		113	
14	÷	✔	✔	64		114	
15	÷	N	N	65		115	
16	÷	N	N	66		116	
17	÷	N	N	67		117	
18	÷	N	N	68		118	
19		✔		69		119	
20		✔		70		120	
21		✔		71		121	
22		✔		72		122	
23		✔		73		123	
24		✔		74		124	
25				75		125	
26				76		126	
27				77		127	
28				78		128	
29				79		129	
30				80		130	
31				81		131	
32				82		132	
33				83		133	
34				84		134	
35				85		135	
36				86		136	
37				87		137	
38				88		138	
39				89		139	
40				90		140	
41				91		141	
42				92		142	
43				93		143	
44				94		144	
45				95		145	
46				96		146	
47				97		147	
48				98		148	
49				99		149	
50				100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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